

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

File with:  
 Iowa Ethics and Campaign  
 Disclosure Board  
 510 E. 12<sup>th</sup>, Ste. 1A  
 Des Moines, Iowa 50319  
 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.  
 Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

IA ETHICS AND  
 CAMPAIGN DISCLOSURE BOARD

JUN - 1 PM 2:17

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Committee to Re-Elect Dopheide

**IMPORTANT:** Indicate by # type of committee you are reporting for: 3  
 (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party  
 (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political  
 Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name \_\_\_\_\_ Political Party (if applicable) \_\_\_\_\_  
 Marilyn Dopheide

Office Sought \_\_\_\_\_ District (if Senate or House) \_\_\_\_\_  
 Carroll County Recorder

**FORM**

**DR-2**

(Rev. 12/2009)

**DISCLOSURE  
 REPORT**

**For Office Use Only**

Comm. # \_\_\_\_\_  
 Logged In \_\_\_\_\_  
 Scanned BLW  
 Computer \_\_\_\_\_  
 Audited \_\_\_\_\_

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Marilyn Dopheide  
 SIGNATURE OF PERSON FILING REPORT

715-790-1309  
 TELEPHONE

2-2-11  
 DATE SIGNED

I AM FILING A January 19, 2011 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

(report date)

Indicate by # 2

☒ CHECK IF AMENDMENT TO REPORT DATED 1/19/2011

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
 (You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

Carroll

**STATEMENT OF CASH ON HAND**

**CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 300.00

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

2,200

Schedule F: Loans Received total (Attach Schedule F)

265.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$ 2,765.00

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

2730.35

Schedule F: Loan Repayments total (Attach Schedule F)

**CASH ON HAND** at the end of this reporting period (if final report balance must be zero)

\$ 34.65

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)

\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

265.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

**CANDIDATE COMMITTEES ONLY:**

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

**COMMITTEE NAME (Must be same as on Statement of Organization)**

Committee to Re-Elect Dopheide

**SCHEDULE****A**

(Rev. 07/03)

**MONETARY  
RECEIPTS**☐ CHECK THIS BOX IF  
AMENDING FORM

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10-15-2010	ID# CK#	Marilyn Dopheide 19018 24th St. Carroll, Ia 51401		\$1200.00	<input type="checkbox"/>
10-15-2010	ID# CK#	Ronald Muhlbauer 222 W. Pleasant Ridge Carroll, IA 51401		100.00	<input type="checkbox"/>
10-15-2010	ID# CK#	C.J. Niles 120 W. Randall Road Carroll, IA 51401		50.00	<input type="checkbox"/>
11-23-2010	ID# CK#	Joseph Huich 2848 N. Farm Road Ash Grove MN 55604		50.00	<input type="checkbox"/>
11-23-2010	ID# CK#	Ann Wilson 2236 Ashwood Dr Carroll, IA 51401		50.00	<input type="checkbox"/>
11-23-2010	ID# CK#	Judy Cosgrove 231 N. 26th St Fort Dodge, IA 50501		50.00	<input type="checkbox"/>
11-23-2010	ID# CK#	Marilyn Dopheide 19018 245th St. Carroll, IA 51401		700.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$2,200	
TOTAL (if last page of this schedule)				\$2,200	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1  
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Resub Form

**EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

<b>SCHEDULE B</b> (Rev. 07/03)	<b>MONETARY EXPENDITURES</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME (Must be same as on Statement of Organization)**

Committee to Re-Elect Dopheide

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10-15- 2010	ID# CK#	Specialty ETC LLC 15052 Granite Breda, IA 51436	yard signs	\$ 894.19
10-15- 2010	ID# CK#	Options Ink P.O. Box 654 Carroll, IA 51401	name, badges, posters cards	712.46
11-23-2010	ID# CK#	10 TV Inc P.O. Box 886 Carroll, IA 51401	advertising	80.00
11-23-2010	ID# CK#	Carroll Broadcasting Co. P.O. Box 886 Carroll, IA 51401	advertising	626.50
11-23-2010	ID# CK#	Herald Publishing Co. P.O. Box 546 Carroll, IA 51401	advertising	194.50
11-23-2010	ID# CK#	Options Ink P.O. Box 654 Carroll, IA 51401	advertising	26.75
11-23-2010	ID# CK#	Coon Rapids Enterprises 504 Main St. Coon Rapids, IA 50058	advertising	84.00
12-20-2010	ID# CK#	CRMU Locallink P.O. Box 207 Coon Rapids, IA 50058	advertising	26.75
SUB-TOTAL				\$ 2645.15
TOTAL (If last page of this schedule)				\$

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page / of /

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Re-Elect Dopheide

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
12-20-2010	ID# CK#	MMCTSU 713 3rd St. Manning, IA 51455	advertising	\$ 50.00
12-20-2010	ID# CK#	Glidden Graphic P.O. Box 607 Glidden, IA 51443	advertising	35.20
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 85.20
TOTAL (If last page of this schedule)				\$ 2730.35

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G Instructions and Iowa Code 68A.402(3)(i).)

Page 2 of 2

(for Schedule B)

RESET

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Re-Elect Dopheide

SCHEDULE

F

(Rev. 02/08)

LOANS  
RECEIVED  
& REPAY

☐ CHECK THIS BOX IF  
AMENDING FORM

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 320.00

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT OF LOAN
12-28-2010	Marilyn Dopheide 19018 245th St. Carroll, IA 51401	self	\$ 265.00

TOTAL (PART I) \$ 265.00

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
			\$

TOTAL CASH REPAYMENTS (PART II) \$

From Schedule E - TOTAL LOANS FORGIVEN \$

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 265.00

\*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column when it applies.

Page 1 of 1  
(for Schedule F)